

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **100**
Registered No. **4778**

1. PLACE OF BIRTH

County **Mila** State **Arizona**
District or Township **San Del.**
City **Miami** No. **3** **Porto Rico Canon** St. **San** Ward **San**
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **Natividad Gonzalez**
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child **Female** To be answered ONLY in event of plural births. 4. Twin, triplet or other **yes** Legitimate? **yes** 7. Date of birth **Dec. 25-1931**
Month Day Year

8. FATHER Full name **Sebastian Gonzalez** 11. Age at last birthday **26** (Years)
9. Residence (Usual place of abode) **Miami** 12. Birthplace (city or place) **Jalisco**
(Usual place of abode) **Arizona** (State or country) **Mex.**
10. Color or race **Mex.** 13. Occupation **Miner**
Nature of Industry **Miner**

14. MOTHER Full maiden name **Porfiria Cornejo** 16. Residence (Usual place of abode) **Miami**
(Usual place of abode) **Arizona**
15. Residence (Usual place of abode) **Arizona**
If non-resident, give place and state. **Arizona**
17. Age at last birthday **24** (Years)
18. Color or race **Mex.** 19. Occupation **Housewife**
Nature of Industry **Housewife**

20. Number of children of this mother **4** (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living **4**
(b) Born alive but now dead **0**
(c) Stillborn **0**

21. Were precautions taken against ophthalmia neonatorum? **Yes**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was **Born alive** at **3:30** m. on the date above stated.
(Born alive or stillborn?)
Signature **Cyril M. Brown M.D.** (Physician or midwife).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report. Address **Miami, Arizona**
Month, day, year **579-1225-736** Filed **Jan 5, 1932**
Registrar **Charles E. Smith**